

PATENT
Attorney Docket No.: 120335

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh

Group No.: 3737

Serial No.: 10/091,680

Examiner: Lauritzen, Amanda L.

Filed: March 05, 2002

For: IMAGE SPACE CORRECTION FOR
MULTI-SLICE HELICAL
RECONSTRUCTION

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Transmittal (3 pgs.)
Request for Continued Examination (RCE) Transmittal in response to the Advisory
Action dated April 30, 2008 (2 pages) (in duplicate)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00

08/12/2008 VBUI11 00000049 012384 10091680
02 FC:1253 1050.00 DA

<u>X</u> third month	\$ 1,050.00	\$ 525.00
fourth month	\$1,640.00	\$ 820.00
fifth month	\$2,230.00	\$1,115.00

Fee: \$1050.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

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— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) — Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=		x \$25.00 = \$		x \$50.00 = \$
	MINUS	=		x \$100.00 = \$		x \$200.00 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

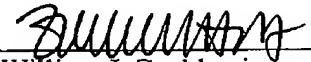
5. Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$1050.00.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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